

SHINGLES CASE STUDY

Too Late to Treat?

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Natal

Is Zovirax of any value when prescribed after the recommended 72 hours?

This question was relevant when a 53 year old lady presented on the 29-12-1992 with the complaint that she had "a spider bite on her bottom".

She was obviously one of those rare patients who considered her Doctor's family life over the Christmas period. She had first noticed the "bites" on Christmas day but as it was a holiday and they were not too painful she felt she could not disturb her doctor.

However by the Tuesday she was no longer able to sit comfortably at work and "the bites had also spread to the front". Clothing irritated the lesions and on the advice of a nursing sister she was persuaded to visit her doctor.

On examination she had an angry looking erythematous area around tense vesicles the length of her left labia majora as well as scattered similar lesions on her left buttock. The diagnosis of Herpes Zoster was made but placing a correct anatomical dermatome to the lesion was not as definite. A surreptitious check on a dermatome chart did not correlate with another sketch in a Neurology text book. (All of this taking place while the said patient was getting dressed again - thank goodness for curtains!)

Hence the assessment in the notes of - Herpes Zoster? S3? S4 L

What of treatment? The recommendation is that Zovirax should be administered within 72 hours of the appearance of the rash and here we were 96 hours after the first appearance.

Mrs C was my fifth patient with shingles that I had encountered from the time that I first became aware of the existence of the Zovirax Shingles Treatment Pack and the recommended dose for Shingles.

I shared my experience with her in the decision whether to institute therapy with Zovirax or not. Two of the patients affected with Shingles had been treated with Zovirax and had been pain free within 3 days and back at work within a week.

The other two had not been treated with Zovirax for their Shingles, one out of choice and the other because we had missed the diagnosis. Both of these patients had endured a torrid time with severe pain and significant post herpetic neuralgia. One of these ladies was off work for a month while the other, an elderly lady, eventually had to be hospitalized and a Caudal block performed in a desperate attempt to afford her some pain relief.

With the presentation of these contrasting scenarios it came as no surprise that Mrs C decided to opt for the Zovirax 800 mg 5 times daily for 7 days. In addition she was given analgesics and a hypnotic for use if necessary. The analgesics she was able to stop after 2 days and she never used the hypnotic. She also resumed work within a week.

Was her attack merely one of those naturally milder ones with the Zovirax an unnecessary addition, or did it prevent the unpleasant sequelae that my two other unfortunate patients experienced?

I am not sure myself yet, although my 5 patient series most definitely would not qualify as anything other than a series of anecdotal reports, I know what I will recommend to the next patient with Shingles that I have to treat.